Statement of

FAY BOOZMAN, MD, MPH

DIRECTOR
ARKANSAS DEPARTMENT OF HEALTH

Before the

COMMITTEE ON GOVERNMENT REFORM

of the

UNITED STATES HOUSE OF REPRESENTATIVES

Hearing on

U.S. INFLUENZA VACCINE SUPPLY

February 10, 2005

Mr. Chairman and distinguished members of the House Government Reform Committee, I am Dr. Fay Boozman, Director of the Arkansas Department of Health, and I am honored to be testifying before you today on behalf of the Association of State and Territorial Health Officials (ASTHO). I would like to thank the Chair and the Committee members for convening this hearing on an important public health topic – this year's flu season, and the issues surrounding influenza vaccine supply and distribution.

My remarks will focus on 1) how our state and others have handled the flu season 2) what states presently are doing to encourage influenza vaccination and 3) what future actions should be taken to prevent the situation we faced this year from happening again.

Let me begin by noting that from the start there has been tremendous cooperation among federal, state and local public health agencies. The experience this year is a classic example of how our nation's governmental public health system can and should work. We have collaborated with our partners at each level of government to meet the challenges that have arisen every day during this flu season.

In October of 2004, Arkansas and every other state and territory faced an unanticipated public health challenge when we learned that for the moment -- and possibly for the season – our nation's public and private providers would have only half of the influenza vaccine we had expected available to us. Over the next few days, we worked with our partners to formulate a plan to deal with the shortage. We used the Health Alert Network (HAN) to contact health providers throughout the state, telling them about the situation and asking them to provide us with information about how much vaccine they had

ordered, how much they had, and how much they needed for high-risk individuals. The state typically purchases about 40% of the influenza vaccine supply in Arkansas, which meant that from the start we controlled a substantial portion of the vaccine that *had* been delivered to the state. I should point out that in many states most influenza vaccine is purchased by the private sector, so some of my colleagues initially had much less control over vaccine supply and distribution in their states than did I.

All of the states promptly sought ways to assess their vaccine supplies. Some states used the Health Alert Network to gather information, others used telephone surveys, and others used web based surveys. Many state health officials have indicated that assessing supply by asking private providers - physicians, nursing homes, HMOs, etc. -- to report information voluntarily posed challenges. There were questions about the possible validity of the information received – were providers going to be willing to state that they had a significant amount of vaccine given the shortage? What could we do about providers who did not respond to the request for information?

State law in Arkansas requires that we provide influenza vaccine to nursing home residents and employees. That accounted for 45,000 doses of an initial supply totaling about 107,000 doses. The question was how best to distribute the rest of our initial supply.

Arkansas recently developed a mass vaccination and/or medicine dispensing plan as part of our ongoing terrorism preparedness efforts. Thanks to the CDC state terrorism

preparedness grants, we now have a Health Alert Network that allows us to communicate rapidly with the public health and health care communities and a plan to vaccinate (or dispense medicine to) large portions of our population quickly. We decided to exercise our mass vaccination plan by giving influenza vaccine to thousands of Arkansans on November 3rd.

Preparation for November 3rd was extensive. We enlisted the help of media outlets and health care professionals to get the word out about vaccination day. Thousands of people called a newly created 1-800 hotline or logged on to our influenza website to get information about where to go for a shot. Our local health departments focused resources on making sure that things went as smoothly as they could. That meant communicating with police about traffic control, talking to the National Guard about using their Armories as vaccination sites, identifying volunteers who could help with crowd control, and setting up chairs so the elderly and infirm could sit while waiting for their shots. Some local health clinics were forced to suspend services other than providing flu shots for the day. I am proud to say that it worked -- on November 3rd, we administered over 53,000 doses of influenza vaccine to high risk individuals in 83 clinics statewide.

It is now early February and we have approximately 15,000 doses of vaccine available, primarily Vaccines For Children purchased vaccine donated to the State in the last two weeks. The Arkansas Department of Health is continuing to remind our citizens that flu

season can last through or beyond the end of March and it is still not too late to receive a shot.

Flu supply and utilization situations across the Nation vary tremendously. Some state health officials indicate that they still have substantial quantities of vaccine, despite best efforts to encourage vaccination. In other states remaining supplies are small. Once the flu season is over, we will have to assess the factors that contributed to differences in utilization and end of season supplies.

I would like to conclude by suggesting three actions, supported by ASTHO, that the federal government should consider to avoid a repeat of the challenges that face us this year: 1) a national plan to deal with vaccine shortages 2) a Vaccines For Adults Program and 3) expanded funding of CDC's 317 National Immunization Program to allow states and localities to enhance adult immunization programs and provide sufficient funding to ensure that all our underserved citizens - children and adults - receive the vaccines they need.

Despite everyone's best efforts, we may experience future vaccine shortages. A national plan – developed with the input of all relevant parties - would provide guidelines for federal, state and local health departments to follow when the federal government determines that a shortage exists. For example, when the Department of Health and Human Services (DHHS) determines that a shortage exists it should immediately create a secure data system that provides each state health department with reliable and up-to-date

information about vaccine orders and supplies in the state. The sooner public health officials have that information, the sooner they can work with their local health departments and health care providers to get information out to combat public panic. Among other things, a vaccine shortage plan would provide information about how to safely transport vaccine from one provider to another, and how one provider could resell vaccine to another provider (a complex and highly uncertain process at the moment). Having answers and protocols *before* a vaccine shortage arises would be enormously helpful.

ASTHO agrees that we should provide incentives to manufacturers to stay in or enter the US market. Under a Vaccines For Adult program (similar to the Vaccines For Children program now in place) the federal government would purchase influenza vaccine and supply it to states for use by uninsured high-risk adults for whom influenza vaccine is recommended. That would help needy Americans get vaccine even as it created a market entry incentive by growing and stabilizing the influenza vaccine market. And because influenza is a communicable disease, increasing the vaccination rates would benefit not only those who receive such vaccine, but the nation as a whole.

Last, but not least, we must significantly increase CDC's National Immunization Program 317 funding so that state and local health departments can build adult immunization infrastructure, as recommended by the Institute of Medicine in its Calling the Shots report. Every health department needs the capacity to mount education campaigns about the importance of adult immunization, to work with health care

providers to ensure that they are immunizing their patients, to track and monitor vaccine supply and use, and to deal with shortage situations. CDC immunization funding should be sufficient to allow states and local health departments to purchase flu and other recommended vaccines for all underinsured children, adolescents, and adults. If the United States is to meet its goal of vaccinating 90% of children and adults, we must provide resources to states and localities to ensure that those in need of immunizations receive them.

I wish to thank this Committee for its continuing interest in this important issue. The public health community is committed to ensuring that all individuals in need of vaccine – influenza and all other life protecting vaccines - receive it. We look forward to working with you to ensure that we have the resources and tools to do our job of protecting the public's health.

I would be pleased to answer any questions you may have.